

**CUSTODY, PARENTING TIME
(Formerly known as “VISITATION”)
and CHILD SUPPORT**

1

**To Change an
Existing Court Order**
(Forms Packet)



SELF SERVICE CENTER

TO CHANGE A COURT ORDER FOR CUSTODY PARENTING TIME (formerly known as “Visitation”) and CHILD SUPPORT (FORMS ONLY)

How to assemble these documents

This packet contains court forms to file for the court order to change child custody and/or parenting time with child support. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRMC1ft	Table of forms in this packet	1
2	DRMC1k	Checklist to file <i>“Petition to Change a Court Order for Child Custody, Parenting Time and Child Support”</i>	1
3	DRM10f	<i>“Family Court Post-Decree Coversheet”</i>	3
4	DRMC11f	<i>“Petition to Modify Child Custody, Parenting Time and Child Support”</i>	3
5	DRMC82f	<i>“Order to Appear Regarding Petition for Change of Custody, Parenting Time and Child Support”</i>	1
6	DRS12f	<i>“Child Support Worksheet”</i>	8
7	DRCVG13f	<i>“Affidavit Regarding Minor Children”</i>	2

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SELF SERVICE CENTER

PETITION TO CHANGE a COURT ORDER FOR CHILD CUSTODY, PARENTING TIME (Formerly known as “VISITATION”) and CHILD SUPPORT

CHECKLIST

Use the forms and instructions in this packet **ONLY** if the following factors apply to your situation:

- ✓ You want to file court papers to change child custody, parenting time and child support, **AND**
- ✓ The other party will not agree to the change, **AND**
- ✓ The court order that you want to change is from an Arizona court **or** the children subject to the order you want to change have resided (lived) in Arizona at least 6 months before you file the petition papers, or you talked to a lawyer who advised you that you could pursue your case in Arizona, **AND**

One or more of the following has occurred:

- ✓ Domestic violence, spousal abuse, or child abuse has occurred since the custody order was signed, **OR**
- ✓ The child(ren)’s present surroundings may endanger the child(ren)’s physical, mental or emotional health, **OR**
- ✓ The order that you want to change was dated at least one year ago and it is in the child(ren)’s best interest to make a change to that order, **OR**
- ✓ The joint custody order that you want to change was dated at least six months ago and the other party has failed to comply with the provisions of the joint custody order.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

**Superior Court of Arizona
Maricopa County**

Family Court Cover Sheet

For use with Minor Children

**Check only one box that matches
the legal procedure for which you are
filing the documents in this packet:**

- ☐ **Modification (Change) of Custody**
- ☐ **Modification (Change) of
Parenting Time (Visitation)**
- ☐ **Modification (Change) of Support Only**
- ☐ **Modification (Change) of
Assignment Only**
- ☐ **Enforcement of Custody, Parenting
Time (Visitation) or Support**
- ☐ **Enforcement of Property Division**
- ☐ **Other**

Case Number from existing FC case

ATLAS number(s) if applicable

Instructions:

- You must provide the following information about yourself and the other party.
- Type or print neatly in black ink
- If more room is needed for children or Petitioner/Respondent, please attach a separate page
- You must list the Petitioner from the original case as the Petitioner below and the Respondent from the original case as the Respondent below

Information About the Petitioner:

Name:

Address:

City, State, Zip:

Home phone #:

Information About the Respondent:

Name:

Address:

City, State, Zip:

Home phone #:

Work phone number:

Cell phone/pager:

Date of Birth:

Social Security #:

E-mail address:

Work phone number:

Cell phone/pager:

Date of Birth:

Social Security:

E-mail address:

Lawyer's Name and Bar Number: _____

(Provide this information only if YOU have an attorney)

Names, Dates of Birth, and Social Security Numbers for Minor Children Involved:

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Names and D/O/B's of any OTHER minor children of the Petitioner and/or the Respondent who are NOT involved in this case.

Have there been any other cases (EXCLUDING minor traffic offenses) in any court involving members of this family? ☐ Yes ☐ No. If you checked the "Yes" box, please describe the case and include case numbers and court location. _____

Domestic Violence Section

Is anyone mentioned on this cover sheet currently a victim of any family or domestic violence?

☐ Yes ☐ No

Has anyone listed on this cover sheet been the plaintiff, defendant, or named in a petition for an Order of Protection? ☐ Yes ☐ No

If Yes, please identify: _____

Was the Order of Protection granted by the Maricopa County Superior Court? ☐ Yes ☐ No

If No, in what court was the Order of Protection granted? _____

Children's Issues Section

Are any of the children named above in any physical danger due to abuse or neglect?

☐ Yes ☐ No

Has anyone named on this sheet had any involvement with Child Protective Services in Arizona?

☐ Yes ☐ No

If Yes, please provide the CPS or Juvenile Court case number:

INTERPRETER. Is an interpreter needed for either of the parties? If so, please check the appropriate box(es) below. **NOTE: THIS IS NOT AN OFFICIAL REQUEST FOR AN INTERPRETER. THIS INFORMATION IS TO BE USED FOR INTERNAL PURPOSES ONLY.**

☐ Petitioner

☐ Respondent

Language:

☐ Spanish/(Español) ☐ Other _____

LOCATION. (Check the Superior Court Location where you will be filing these documents:

☐ Downtown Phoenix

☐ Southeast Regional (Mesa)

☐ Northwest Regional (Surprise)

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

(Name of Petitioner)

Case Number: _____

**PETITION TO MODIFY CHILD
CUSTODY, PARENTING TIME
(formerly known as "VISITATION")
and SUPPORT**

(Name of Respondent)

I, _____ am the ☐ Petitioner or ☐ Respondent or ☐ Other
(print your name) and make the following statements to the court, under oath:

GENERAL INFORMATION:

1. Information about Me

Name: _____

Address: _____

Social Security Number: _____

How I am related to child(ren) for whom the CUSTODY/PARENTING TIME order should be changed:
☐ Mother or ☐ Father or ☐ Other: (explain) _____

2. Information about the Other Party

Name: _____

Address: _____

Social Security Number: _____

How the other party is related to child(ren) for whom the CUSTODY/PARENTING TIME order should be changed:
☐ Mother or ☐ Father or ☐ Other: (explain) _____

3. Information about the child(ren) for whom I want the custody/parenting time order changed:

Child's Name _____ Child's Name _____

Birth date _____ Age: _____ Birth date _____ Age: _____

Child's Name _____ Child's Name _____

Birth date _____ Age: _____ Birth date _____ Age: _____

4. **Affidavit regarding Minor Children.** ☐ The children have resided in Arizona since the entry of the last Arizona Custody Order or ☐ I have attached an Affidavit regarding Minor Children.

5. **Information about the Order I want to change:** (Check A or B, then complete the information)

A. ☐ **The Order is from the Superior Court in Maricopa County.**

1. Order/decreed is dated: _____ (month, day, year).

2. The name of the judge who signed the order is: _____

OR

B. ☐ **The Order is from the Superior Court in Arizona but from another county or the Order is not from Arizona.** The child(ren) have lived in Arizona for at least six (6) months before the date I am filing this Petition. I have filed a certified copy of this Order with the Clerk of the Court, and a copy of the order/decreed is attached to this Petition.
Order/decreed is dated: _____ (month, day, year).
Name of state: _____
Name of county in state: _____

6. **DOMESTIC VIOLENCE.** ☐ No significant domestic violence has occurred or ☐ domestic violence has occurred. Explain _____

7. **WHAT YOUR ORDER NOW SAYS:** Put in **WORD FOR WORD** the part of the decree/order you want to change. (Use extra paper if necessary) **OR** incorporate the Order which is already a part of the court's file, and attach a copy of the Order to the judge's copy of this Petition and all other parties' copies of this Petition. (I have **not** attached a copy of the Order to the original Petition.)

8. **WHY THE DECREE/ORDER SHOULD BE CHANGED:** These are my reasons why I believe that a change of custody and/or parenting time is in the best interest of the child(ren) (Use extra pages if necessary):

REQUESTS I MAKE TO THE COURT:

A. **CUSTODY AND PARENTING TIME.**

☐ **Joint Legal Custody.** I want the parties to be awarded joint legal custody of the child(ren) _____ subject to a Parenting Plan to be submitted later.
(name(s) of child(ren))

OR

☐ **Sole custody.** Sole custody of _____ (name(s) of child(ren)) should be awarded to ☐ **Mother** ☐ **Father** or ☐ **Other** and/or Sole custody of _____ (name(s) of child(ren)) should be awarded to ☐ **Mother** or ☐ **Father** or ☐ **Other**, subject to parenting time as follows:

1. ☐ **Reasonable parenting time** to the parent/party who does not have custody according to the Maricopa County Parent/Child Parenting time/Access Guidelines; **OR**
2. ☐ **Reasonable parenting time** to the parent/party who does not have custody according to the attached Parenting Plan; **OR**
3. ☐ **Supervised parenting time** but only in the presence of another person; **OR**
4. ☐ **No parenting time** rights to ☐ **Mother** or ☐ **Father**
Supervised parenting time or no parenting time is requested for the following reasons: _____

B. CHILD SUPPORT. ☐ **Mother** or ☐ **Father** should pay child support to the other party in the amount of \$ _____ per month on the first day of every month, beginning the first day of month following the filing of this Petition based upon the attached **"Child Support Worksheet."** All child support payments should be made through the Clerk of the Superior Court/Clearinghouse, and will be subject to an applicable statutory fee through an automatic Order of Assignment.

C. MEDICAL AND DENTAL INSURANCE, PAYMENTS AND EXPENSES. ☐ **Mother** or ☐ **Father** should provide medical and dental insurance for the minor child(ren) and that the parties should be ordered to pay for all reasonable unreimbursed medical, dental, health-related expenses incurred for the child(ren) in proportion to their respective incomes or _____ % by Mother and _____ % by Father.

D. INCOME TAX DEDUCTION. Mother should claim the tax deduction for _____
(name(s) of child(ren)) ☐ every year **or** ☐ every other year.
Father should claim the tax deduction for _____
(name(s) of child(ren)) ☐ every year **or** ☐ every other year.

E. OTHER ORDERS. I request further Orders relating to this matter as follows:

OATH AND VERIFICATION

STATE OF ARIZONA)
County of Maricopa) sworn statement

I swear under oath, state that I have read this Petition and all the statements are true and correct and complete to the best of my knowledge and belief.

Signature of Person Filing Document

Subscribed and sworn to before me this date: _____
(month, date, year)

My commission expires: _____

Notary Public

Name of Person Filing Document: _____
Your Address: _____
Your City, State, and Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable) _____
Attorney Bar Number (if applicable): _____

SUPERIOR COURT OF ARIZONA, MARICOPA COUNTY

Case Number _____
Name of Petitioner _____

Name of Respondent _____

ORDER TO APPEAR REGARDING PETITION FOR CHANGE OF CUSTODY, PARENTING TIME (Formerly known as "VISITATION") AND SUPPORT (A.R.S. 25- 411)

This is an important Court Order that affects your rights. Read this Order carefully. If you do NOT understand this Order, contact a lawyer for legal advice.

Based on the "*Petition for Change of Custody, Parenting time, and Support*" and pursuant to Arizona law,

IT IS ORDERED

1. That Petitioner _____ and Respondent _____ appear at the time and place stated below so the court can determine whether the Petition should be granted.

NAME OF JUDICIAL OFFICER: _____

DATE AND TIME OF HEARING: _____

PLACE OF HEARING: _____

Maricopa County Superior Court

101 West Jefferson
____ Floor
Phoenix, Arizona

201 West Jefferson
____ Floor
Phoenix, Arizona

222 East Javelina
____ Floor
Mesa, Arizona

14264 W. Tierra Buena Lane
____ Floor
Surprise, Arizona

AMOUNT OF TIME FOR HEARING: This is a **15 minute** proceeding with the court. The court will determine if more time is needed. All parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear.

2. That a true copy of this "*Order to Appear*" and a true copy of the Petition, Affidavits, and related documents filed with the Petition shall be served by process server or sheriff by the moving party on the responding party no later than _____, and in accordance with Rule 4, 4.1 and 4.2, Arizona Rules of Civil Procedure.
3. The responding party may file a "Response and Opposing Affidavit(s)" by _____. Copies of the "Response and Opposing Affidavits" must be served on the moving party or if the moving party is represented on his or her attorney by mail and in accordance with Rule 5, Arizona Rules of Civil Procedure.

DONE IN OPEN COURT: _____

Judge/Commissioner of the Superior Court

(1) Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Daytime Phone: _____
Evening Phone: _____
Representing: ☐ Self ☐ Attorney
State Bar Number: _____

SUPERIOR COURT OF ARIZONA
IN _____(2) COUNTY

(3) _____)
Petitioner/Plaintiff,)
_____))
_____))
DOB _____ SSN _____)
VS. _____)
_____))
(4) _____)
Respondent/Defendant,)
_____))
_____))
DOB _____ SSN _____)

Case No. (5) _____

ATLAS No. _____

**PARENT'S WORKSHEET
FOR CHILD SUPPORT AMOUNT**

Prepared By:
(6) ☐ Father ☐ Mother
☐ Court ☐ State

MONTHLY GROSS INCOME

Total Monthly Gross Income

(7) Estimated/Attributed to: ☐ Father ☐ Mother
(Explanation is required on the sheets following
the signature page at Item 7)

Adopted by Court ☐ Yes ☐ No

Father Mother

_____ (8) _____

ADJUSTMENTS TO MONTHLY GROSS INCOME

(Can be an addition or deduction)

Court-Ordered Spousal Maintenance Actually Received +/- Paid _____ (9) _____

Court-Ordered Child Support Actually Paid or _____ (10) _____

Contributed for Children of Other Relationships _____ (11) _____

Cost of Supporting Children of Other Relationships _____ (12) _____
(Explanation is required on the sheets following the
signature page at Item 11)

Adjusted Monthly Gross Income for Each Parent _____ (12) _____
(add or subtract lines 9 through 11 from line 8)

COMBINED ADJUSTED MONTHLY GROSS INCOME

Add both amounts from line 12 together.

(13) _____

Need Help with the calculations? Call 602-506-3762 for an appointment for assistance at the Phoenix, Surprise, or Mesa courthouse locations. Ask for the "Calculations Department."

BASIC CHILD SUPPORT OBLIGATION

Number of children for whom support is requested: (14) _____
provide details on the sheets following the
signature page at Item 14)

Basic Child Support Obligation (from the Schedule) (15) _____

ADJUSTMENTS FOR NECESSARY EXPENSES

You may need to complete items 30-31; (Explanation is required
on the sheets following the signature page.)

	<u>Father</u>	<u>Mother</u>
Medical/Dental Insurance Costs for Children	_____ (16)	_____
Child Care Costs	_____ (17)	_____
Adjusted for Tax Credit	_____ (17a)	_____
Extra Education Costs	_____ (18)	_____
Extraordinary/Special Needs Child Costs	_____ (19)	_____
Court-Ordered Visitation/Exchange Costs	_____ (20)	_____
Number of Child(ren) 12 and Over _____ 0 - 10% _____	(21)	_____
Total Adjustments for Necessary Expenses	(22)	_____

TOTAL CHILD SUPPORT OBLIGATION

Total Child Support Obligation (add lines 15 and 22) (23) _____

EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME

	<u>Father</u>	<u>Mother</u>
Calculate for each parent:		
Parents' Adjusted gross income (from line 12)	_____ (24)	_____
Combined adjusted gross income (from line 13)	_____ (25)	_____
Parents' Adjusted gross income DIVIDED BY combined adjusted gross income EQUALS	_____ % (26)	_____ %

EACH PARENT'S PERCENTAGE (%) OF THE TOTAL SUPPORT OBLIGATION

Calculate for each parent:

Total child support obligation (from line 23)	_____ (27)	_____
Percentage of combined adjusted gross income (from line 26)	_____ % (28)	_____ %

Percentage TIMES the total obligation EQUALS the amount of the parent's support obligation _____ (29) _____

COMPLETE THIS SECTION FOR COSTS PAID BY THE NON-CUSTODIAL PARENT:

Father

Mother

ADJUSTMENT FOR COSTS ASSOCIATED WITH VISITATION

Requested Adjustment to be completed for paying parent **ONLY**

Using ☐ Table A Or ☐ Table B

Number of Visitation Days _____ Per year (Explain on page 7)

Visitation Table Percentage _____ X Line 15 = _____ (30) _____

MEDICAL INSURANCE MONTHLY PREMIUM ADJUSTMENT

Enter the monthly amount of the medical/dental insurance premium paid directly to an insurance carrier by the non-custodial parent (from line 16) [Guidelines 11] _____ (31) _____

CHILD CARE ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for work-related child care. (From line 17a) _____ (31) _____

EXTRA EDUCATION ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for extra education costs agreed upon by both parents or ordered by the court. (From line 18) _____ (31) _____

EXTRAORDINARY/SPECIAL NEEDS CHILD ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for costs associated with special needs of gifted or handicapped children. (From line 19) _____ (31) _____

COURT-ORDERED VISITATION/EXCHANGE ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for costs associated with court-imposed supervised exchanges. (From line 20) _____ (31) _____

ADJUSTMENTS SUBTOTAL

Add lines 30 and 31. _____ (32) _____

PRELIMINARY CHILD SUPPORT AMOUNT

Deduct line 32 from line 29. _____ (33) _____

IF YOU HAVE SOLE CUSTODY, PERFORM THE SELF-SUPPORT RESERVE TEST (LINE 36) AND GO TO LINE 38.

IF YOU HAVE ALTERNATIVE CUSTODY ARRANGEMENTS, COMPLETE EQUAL TIME SHARING (LINE 34) OR MULTIPLE CHILDREN (LINE 35) SECTIONS AND THE SELF SUPPORT RESERVE TEST (LINE 36); THEN GO TO LINE 38.

Father

Mother

EQUAL TIME SHARING WHEN INCOMES ARE NOT EQUAL

Prepare a Parent's Worksheet where neither party receives a visitation adjustment. Determine which parent has the lower support amount on line 33, deduct the lower amount from the higher amount, divide that amount in half. The resulting amount is paid by the parent with the higher preliminary child support amount to the parent with the lower preliminary child support amount. Explain on the sheets following the signature page.

_____ (34) _____

MULTIPLE CHILDREN, DIVIDED CUSTODY

Prepare a Parent's Worksheet to determine support for children in the Mother's household and a separate worksheet for children in the father's household. Determine which parent has the lower support amount from line 33, deduct the lower amount from the higher amount. The resulting amount is paid to the parent with the lower obligation. Explain your calculations on the sheets following the signature page.

_____ (35) _____

SELF-SUPPORT RESERVE TEST

Paying parent's Adjusted Gross Income from line 12

_____ (12) _____

Minus reserve

(\$710) (36a) (\$710)

Minus arrears

() (36b) ()

RESULT

_____ (37) _____

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the court MAY order the resulting amount as child support order on line 37, absent a deviation.

**AMOUNT TO BE ORDERED BY THE PARENT ORDERED TO PAY
BASED ON THESE CALCULATIONS**

Enter the lesser of the amounts shown on line 33, 34, 35 or 37.

_____ (38) _____

DEVIATION FROM THE GUIDELINES SUPPORT AMOUNT

If you believe the Guidelines support amount is too high or too low in your case, enter the amount which you believe the court should order as child support in this case. Explain why on the sheets following the signature page.

_____ (39) _____

RESPONSIBILITY FOR VISITATION-RELATED TRAVEL EXPENSES

Enter on this line the amount or percentage you think each parent should pay towards the travel/transportation expenses associated with visitation. The allocation of travel expenses does not change the amount of the support ordered. Explain on the sheets following the signature page.

_____ (40) _____

RESPONSIBILITY FOR MEDICAL EXPENSES NOT PAID BY INSURANCE

Father

Mother

Percentage of uninsured medical expenses that each parent should pay.

_____ (41) _____

I have read this document, and the facts are true and correct to the best of my knowledge or belief.

Date _____

Signature of Person Filing (42)

State of Arizona)
)ss.
County of _____)

Acknowledged before me on this date: _____

My Commission Expires: _____

Notary Public or Clerk

I have read this document, and the information provided is an accurate representation of the facts as supplied to me by _____.

Date: _____

Attorney Filing

BASIS FOR AMOUNTS SHOWN ON WORKSHEET

(7) Estimated/Attributed Income - Explain why you believe the other party is or could be earning the amount you indicated. Be as specific as possible. See the instructions for item 7 for examples. (Guidelines 4.e.)

(11) Cost of Supporting Children of Other Relationships - List the names and ages of the natural or adopted children for whom you are requesting an adjustment and describe the support you provide for these children. [Guidelines 5.a., 5.b., and 5.c.]

Name(s)	Date(s) of Birth(s)	Social Security Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

(14) Children for whom Support is Requested - List the name(s) and age(s) of the natural or adopted child(ren) for whom you are requesting support.

Name(s)	Date(s) of Birth	12 or over Y / N	Social Security Number(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(17) Child Care Costs - If the custodial parent's income is in excess of the chart in Guidelines 8.b.1., the court may adjust the cost of day care in order to apportion the dependent care tax credit benefit. The court may reduce the annualized amount of day care by 25% with a maximum monthly reduction of \$50 per month for one child, \$100 per month for two or more children.

Custodial Parent

Monthly Child Care Costs	X	Number of months	=	Annual Cost	X .75	=	Adjusted Cost	÷ 12 =	Adjusted Monthly Cost
	X	_____	=	_____	X .75	=	_____	÷ 12 =	_____

Non-custodial Parent

Monthly Child Care Costs	X	Number of months	=	Annual Cost	÷ 12 =	Adjusted Monthly Cost
	X	_____	=	_____	÷ 12 =	_____

(21) Child 12 and Over - Follow the worksheet instructions for item 21. Explain why you need extra money to support the child(ren) age 12 and over. (Guidelines 8.b.2.)

(30) Adjustment for Costs Associated with Visitation - Calculate the number of visitation days per year. (Guidelines 10)

Extended periods	_____ days	Weekend periods	_____ days
Holidays periods	_____ days	Midweek periods	_____ days
School breaks	_____ days	Other periods	_____ days

Upon proof that certain costs usually incurred in the custodial household are NOT substantially or equally shared by both parents, Visitation Table B must be used. Explain the basis of the requested adjustment:

(34) Equal Time Sharing, Unequal Incomes – ***IF*** the amount entered on Line 38 was taken from Line 34, show how you arrived at the amount on line 38: (Guidelines 10)

Enter the Higher of the two amounts listed on line 33: _____

Enter the Lower of the two amounts listed on line 33: _____

Subtract the Lower amount. The Result is: _____

Divide the Amount of the Result by 2 (Result ÷ 2) = _____

(35) Multiple Children, Divided Custody – ***IF*** the amount entered on Line 38 was taken from line 35, show how you arrived at the amount on line 38. (Guidelines 14)

Enter the Higher of the two amounts listed on line 33: _____

Enter the Lower of the two amounts listed on line 33: _____

Subtract the Lower amount. The Result is: _____

(39) Deviation From the Guidelines Support Amount - If you believe the Guidelines support amount is too high or too low in your case, explain why. **READ THE GUIDELINES GENERALLY AND SECTION 18 IN PARTICULAR.** (This does not include physical custody adjustments; those are considered in item 30.) Show the total support amount you believe should be ordered. A deviation can only be ordered if the court makes appropriate findings. [Guidelines 18]

Requested Support Amount: \$ _____

(40) Visitation-Related Travel Expenses - Describe the anticipated visitation plan and related travel/transportation costs. The court may consider how the conduct of each parent has contributed to such costs. Explain how you think the cost should be divided between the parents. Enter the amount or percentage you think each parent should pay on line 38. The allocation of travel expenses does not change the amount of the support ordered.
(Guidelines 16)

Federal Tax Exemption - Explain how you want the tax exemptions for the child(ren) allocated and the reason for such an allocation. [Guidelines 26]

Other Requests - Identify and explain any additional issues you want the court to address.

Name of Person Filing Document: _____
Your Address: _____
Your City, State, and Zip Code: _____
Your Telephone Number: _____
Atlas Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Petitioner

Case Number: _____

and

**AFFIDAVIT REGARDING
MINOR CHILDREN**

Name of Respondent

NOTICE: This *"Affidavit Regarding Minor Children"* is required for all custody cases. You must fill out this Affidavit completely, and provide accurate information. Use additional paper if necessary. You must give copies of this Affidavit and all other required documents to the other party, and to the judge.

- 1. CHILDREN OF THE PARTIES WHO ARE UNDER 18 YEARS OLD.** The following child(ren) are under age 18 and were born to, or adopted by, me and the other party.

Name _____	Name _____
Birthdate: _____ Age: _____	Birthdate: _____ Age: _____
Name _____	Name _____
Birthdate: _____ Age: _____	Birthdate: _____ Age: _____

- 2. INFORMATION REGARDING WHERE THE CHILDREN UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS.**

Child's Name: _____	Dates: From _____ To _____
Address: _____	Lived with: _____
City, State: _____	Relationship to Child: _____

Child's Name: _____	Dates: From _____ To _____
Address: _____	Lived with: _____
City, State: _____	Relationship to Child: _____

Child's Name: _____	Dates: From _____ To _____
Address: _____	Lived with: _____
City, State: _____	Relationship to Child: _____

Child's Name: _____	Dates: From _____ To _____
Address: _____	Lived with: _____
City, State: _____	Relationship to Child: _____

3. COURT CASES IN WHICH I HAVE BEEN A PARTY/WITNESS THAT INVOLVED THE CUSTODY PARENTING TIME OF THE CHILD(REN). (Check one box.)

☐ I have or ☐ I have not been a party/witness in court in this state or in any other state that involved the custody parenting time of the child(ren) named above. (If so, explain. If not, go on.)

Name of each child: _____
Name of Court: _____ Court Location: _____
Court Case Number: _____ Current Status: _____
How the child is involved: _____
Summary of any Court Order: _____

4. INFORMATION REGARDING PENDING COURT CASES RELATED TO THE CUSTODY OF THE CHILD(REN). (Check one box.)

☐ I do have or ☐ I do not have information about a custody parenting time court case relating to any of the children named above that is pending in this state or in any other state. (If so, explain. If not, go on.)

Name of each child: _____
Name of Court: _____ Court Location: _____
Court Case Number: _____ Current Status: _____
How the child is involved: _____
Summary of any Court Order: _____

5. CUSTODY OR PARENTING TIME CLAIMS OF ANY PERSON. (Check one box.)

☐ I do know or ☐ I do not know a person other than the Petitioner or the Respondent who has physical custody or who claims custody or parenting time rights to any of the children named in this Affidavit. (If so, explain below. If not, go on.)

Name of each child: _____
Name of person with the claim: _____
Address of person with the claim: _____
Nature of the claim: _____

OATH AND VERIFICATION

State of Arizona)
Maricopa County) sworn statement

I have read the "**Affidavit of Minor Children**" and know of my own knowledge that the information stated in it is true and correct, and that any false information may constitute perjury by me.

Name of Person Making Affidavit

Subscribed and sworn to before me on this date: _____
(month, day, year)

My commission expires:

Notary Public